# **RADIATION MACHINE REGISTRATION**

DEPARTMENT OF HEALTH AIR QUALITY/RADIATION CONTROL PROGRAM SFN 8428 (RCP-4) (10-01)

Note: See instructions on reverse side. Registration does not imply approval or disapproval of this facility, nor is it a license.

1a. Facility name						DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY					
1b. Mailing address						REGISTRATION CERTIFIED					
1c. Physical address						NORTH DAKOTA DEPARTMENT OF HEALTH					
City\state\zip	, 000					egistration Number:					
	L	******									
Contact\affilial	110A										
Phone:					œ	Fector - Air Quality					
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1e. Owner						- Leny Ochin					
					В	y: Ken Wangled Warren Freierslama	s Lawson				
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z. is/are radiati	on machine(s) co-owned? Y	es/No (circle	onej, if yes	, ust co-owners.							
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3. Type of Prac	tice or Use:										
4. Type of Faci	lity:										
	ļ										
5. Listing of Ra	adiation Machine(s) - Owned	or Co-Owned									
Mach	Manufacturer	kV	mA	Control Serial	Room N	ame or Number	# of	Mach	Fee	Storage	
ID				number		a eta arabasa da akere da ara Roch Reches da akere da alama arab	tubes	type			
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	of my knowledge, the above inf	ormation is cor	mplete, true a	and correct.		. ,	Total:	11			
Name (Type or Prin			bieret nea e		Title:			lonenseement			
	11)										

### INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

# ITEM NUMBER

# **INSTRUCTIONS**

Print name of the facility or business where the radiation machine(s) are located.
List address where correspondence should be sent, if different than 1c.
List address of facility housing the radiation machine(s).
List name and title of the person responsible for radiation safety of the facility.
Print name of the person(s) who own(s) the radiation machine(s) or those legally responsible for the location of said machine(s).
List name(s) of all who have shares of ownership in these radiation machine(s).
Verify appropriateness of selection: Medical, Dental, Podiatry, Chiropractic, Osteopathy, Veterinary, Education, Research, Industrial.
Verify appropriteness of selection: Private Office, Hospital, Clinic, Mobile, Educational Institution, Industrial.
Machine ID- letter assigned by the Department during registration.  Manufacturer - Manufacturer of console of radiation machine.  kV - highest kilovolt setting of machine  mA - highest milli-Ampere station of machine.  Serial Number - serial number listed on machine control.  Room - room name or number where machine is located.  # of tubes- number of x-ray tubes controlled by this console.  Machine Type - See Fee schedule below.

Date and Sign form. Mail To:

Department of Health Division of Air Quality Radiation Control Program 1200 Missouri Avenue PO Box 5520 Bismarck, ND 58506-5520

# SCHEDULE OF FEES FOR REGISTRATION CERTIFICATE AND INSTRUCTIONS

Applications for registration of radiation machines and other regulatory services shall pay the following fees for each machine that they possess and use at their facilities. The fees cover a three year registration period, the renewal fee is the amount listed. All educational applications should add an E to the machine type to indicate research/education.

Registration Category Machine Type Fee for each Machin	e Registration Category Machine Type Fee for each Machine				
Dentistry\$95	Chiropractic				
Medicat	Podiatry				
- RadiographicR,RM,M,MV,CT,BD,MS,RV\$150	VeterinaryRMV,RSV\$ 95				
- FluoroscopicFS, FM\$230					
- Combined Radiographic/FluoroscopicRF\$300	IndustrialB,DF,EB,EM,ES,FL,IF,MP,RI,W,WC\$ 375				
- Theraputic: Linear Accelerator (<10MEV)\$230					
- Theraputic: Linear Accelerator (>10MEV)\$375	Accelerators (Industrial Research)Al\$ 230				
- Superficial X-rayTS\$115	Education/Research"E" extention on type\$ 230				